Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

17F-022 ONA

(Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					TE	FEE	Ì	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 0 minus 20=		* \$		X\$	9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* \$		X4	2=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+14	1 0=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	TO	TAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II											OTHER	THAN
_		(Column 1)		(Column 2) HIGHEST			SMALL ENTITY			OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	_	=	X\$	9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus			=	X4	2=		OR	X84=	
	THOTTHEOL	ENTATION OF IM		LINDLIN	CLAIN		+14	0=		OR	+280=	,
								OTAL		OR	TOTAL	
ø.		ADDIT	FEE			ADDIT. FEE						
		(Column 1) CLAIMS		(Colur	EST	(Column 3)			ADDI-	1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RA	ΤE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAINA	=	X4	2=		OR	X84=	
<u> </u>	FINOT PRESE	INTATION OF INC	JUITLE DE	PENDENI	CLAIM		+14	0=		OR	+280=	
								OTAL FEE			TOTAL	
	(Column 1) (Column 2) (Column 3)								•		ADDIT. FEE	
		CLAIMS		HIGH	EST				ADDI-	ı		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RA ⁻	ΓE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-	X42)			X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	704-	
	f the entry in colu	mn 1 is loss than th	ne entry in only	ımn 2 uzita	"O" in act	ump 3	+14			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		imber Previously Pa inber Previously Pai							ropriate box			